



Application for Direct Access Record System (DARS)

A	COMPANY NAME (Include Trade Name) _____				
	P.O. BOX _____		STREET ADDRESS _____		
	CITY _____	STATE _____	ZIP CODE _____	BUSINESS TELEPHONE _____	FAX NUMBER _____
B	Mailing address and contact person to receive correspondence and billing:				
	NAME _____				
	STREET ADDRESS _____		CITY _____	STATE _____	ZIP CODE _____
C	List name and all other requested information of Owner, Partners, or Officers and Directors: (Attach extra sheet if necessary)				
	NAME OF OWNER, PARTNER OR OFFICER _____		POSITION _____	TELEPHONE (HOME) _____	
	STREET ADDRESS (HOME) _____		CITY _____	STATE _____	ZIP CODE _____
	NAME OF OWNER, PARTNER OR OFFICER _____		POSITION _____	TELEPHONE (HOME) _____	
	STREET ADDRESS (HOME) _____		CITY _____	STATE _____	ZIP CODE _____
D	List names and addresses of Agents to be issued user ID Numbers on reverse side of this Application				
E	Description of Present Computer Terminal Equipment to be used with DARS System: _____				

	Technical Support Staff Contact: _____				
	NAME (PLEASE PRINT) _____ TELEPHONE NUMBER _____				
	Monthly Volume of Records: _____				
F	Purpose for which this information will be used: _____				

F	This is to certify that the statements made herein are true and correct to the best of my knowledge and belief.				
	SIGNATURE _____		TITLE _____	DATE _____	
MVA USE ONLY					
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED DIRECTOR: _____ MVA					
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED DIRECTOR: _____ ISC					
Return completed Application to address shown on reverse side					

List Names and Addresses of Persons to be issued User Identification Numbers (User ID for access to system).

PRINT FULL NAME OF AGENT	HOME ADDRESS
A _____	_____
B _____	_____
C _____	_____
D _____	_____
E _____	_____
F _____	_____
G _____	_____
H _____	_____
I _____	_____
J _____	_____
K _____	_____
L _____	_____
M _____	_____
N _____	_____
O _____	_____
P _____	_____
Q _____	_____
R _____	_____
S _____	_____
T _____	_____
U _____	_____
V _____	_____
W _____	_____
X _____	_____
Y _____	_____
Z _____	_____

Attach extra sheet if necessary

Return Completed Application To:
CHIEF, QUALITY CONTROL/RECORDS SECTION DIVISION OF DRIVER LICENSING
6601 RITCHIE HIGHWAY, N.E. GLEN BURNIE, MARYLAND 21062
Telephone Number (410) 768-7233



Apply to register to vote with your driver's license transaction. For details ask your customer service representative.